

0680

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>221</u>		PRIMARY REG. DIST. NO. <u>5793</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONITEAU</u>			
b. CITY OR TOWN <u>PUTAW LINN</u>		c. LENGTH OF STAY (in this place) <u>87W</u>		c. CITY OR TOWN <u>PUTAW LINN</u>		2680	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>GAMESTOWN MO</u>				d. STREET ADDRESS (If rural, give location) <u>GAMESTOWN MO</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>GEORGE</u> c. (Last) <u>ROESCH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUN 26 1954</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MARCH 23 1867</u>		9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>3</u>	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>JOHN ROESCH</u>		13b. MOTHER'S MAIDEN NAME <u>KATHY SNAY</u>		14. NAME OF HUSBAND OR WIFE <u>DEAD</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Robert Edwards 906 Jefferson St. Charleston MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN OR TOWNSHIP (COUNTY) (STATE) <u>Rural Linn) Moniteau MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE WORK <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4201</u>			
22. I hereby certify that I attended the deceased from <u>July 18</u> 19 <u>54</u> to <u>Aug 26</u> 19 <u>54</u> , that I last saw the deceased alive on <u>Aug 26</u> 19 <u>54</u> , and that death occurred at <u>10 A.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>D. Harrison</u> (Degree or title)				23b. ADDRESS <u>California, MO</u>		23c. HOME PHONE <u>5795</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Aug 28 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT ZION CEM</u>		24d. LOCATION (City, town, or county) (State) <u>GAMESTOWN MO</u>		
DATE REC'D BY LOCAL REG. <u>8-30-54</u>		REGISTRAR'S SIGNATURE <u>N. K. Vopey</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Calbert Hornbeck Prairie Home</u>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Grassie Home Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.